

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/52296

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		2				
4		2				
5		①				
6		①				
7		①				
8	1					
9		1				
10		1				
11		1				
12		4				
13		4				
14	1					
15		①				
16			1			
17				1		
18				1		
19				1		
20				1		
21				1		
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49						
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TOTAL IND.	3	↓	2	↓		↓
TOTAL DEP.	26	←	12	←		←
TOTAL CLAIMS	29		14			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						